

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
STIPULATION AND ORDER	CASE NUMBER:

1. THIS MATTER PROCEEDED AS FOLLOWS:

- a. ☐ By written stipulation without court appearance.
- b. ☐ By court hearing, appearances as follows:
- | | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|
| (1) Date: _____ | Dept.: _____ | Judicial officer: _____ |
| (2) <input type="checkbox"/> Petitioner/Plaintiff present | <input type="checkbox"/> Attorney present (name): _____ | |
| (3) <input type="checkbox"/> Respondent/Defendant present | <input type="checkbox"/> Attorney present (name): _____ | |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> Attorney present (name): _____ | |
| (5) <input type="checkbox"/> Local child support agency (Family Code, §§ 17400, 17406) (name): _____ | | |
| (6) <input type="checkbox"/> Other (specify): _____ | | |
- c. The Obligor (the parent ordered to pay support) is ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
☐ Other parent
2. ☐ This order is based on the attached documents (specify): _____

THE PARTIES AGREE THAT

3. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. The amount of support payable by obligor as calculated under the guideline is: \$ _____ per month.
☐ We agree to guideline support.
- ☐ The guideline amount should be rebutted because of the following:
- (1) ☐ We have been fully informed of the guideline amount of support; we agree voluntarily to child support of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below guideline, no change of circumstances need be shown to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
- (2) ☐ Other rebutting factors (specify): _____

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year.

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OTHER PARENT:	

3. c. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, will become the court's findings.

d. Obligor shall pay current child support as follows:

Name

Date of birth

Monthly support amount

(1) ☐ Other (*specify*):

(2) ☐ For a total of: \$ payable on the: day of each month
beginning (*date*):

(3) ☐ The support order was reduced, following the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered must continue until further order of court, unless terminated by operation of law.

e. ☐ Obligor owes support arrears as follows, as of (*date*):

(1) ☐ Child support: \$ ☐ Spousal support: \$ ☐ Family support: \$

(2) ☐ Interest is not included and is not waived.

(3) ☐ Payable: \$ on the: day of each month
beginning (*date*):

(4) ☐ Interest will accrue on the entire principal balance owing and not on each installment as it becomes due.

f. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments must be made to (*name and address of agency*):

h. **An Order/Notice to Withhold Income for Child Support (form FL-195) must issue.**

i. ☐ Obligor ☐ Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, an application and order for health insurance coverage must issue.

j. Both parents must complete a *Child Support Case Registry Form* (form FL-191) and send (mail or deliver) it to the local child support agency within 10 days of the date of this order. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

k. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

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OTHER PARENT:	

3. l. ☐ The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 (*name*):

m. ☐ Other (*specify*):

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF FATHER)

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR FATHER)

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF MOTHER)

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR MOTHER)

ORDER

4. **The court so orders.**

Date:

_____	JUDICIAL OFFICER
<input type="checkbox"/>	SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: _____